

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <i>091415645</i>	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		A		B	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		1		1	
2		1		1		1		1	
3		1		1		1		1	
4		1		1		1		1	
5		1		1		1		1	
6		1		1		1		1	
7		1		1		1		1	
8		1		1		1		1	
9		2		2		2		2	
10		2		2		2		2	
11		1		1		1		1	
12		1		1		1		1	
13		1		1		1		1	
14		1		1		1		1	
15		1		1		1		1	
16		1		1		1		1	
17		1		1		1		1	
18		1		1		1		1	
19		1		1		1		1	
20		1		1		1		1	
21		2		2		2		2	
22		2		2		2		2	
23		1		1		1		1	
24		1		1		1		1	
25		2		2		2		2	
26		1		1		1		1	
27		1		1		1		1	
28		1		1		1		1	
29		1		1		1		1	
30		1		1		1		1	
31		1		1		1		1	
32		1		1		1		1	
33		1		1		1		1	
34		1		1		1		1	
35		2		2		2		2	
36		2		2		2		2	
37		1		1		1		1	
38		1		1		1		1	
39		2		2		2		2	
40		1		1		1		1	
41		1		1		1		1	
42		1		1		1		1	
43		1		1		1		1	
44		1		1		1		1	
45		1		1		1		1	
46		1		1		1		1	
47		1		1		1		1	
48		1		1		1		1	
49		1		1		1		1	
50		2		2		2		2	
TOTAL IND.		1		1		1		1	
TOTAL DEP.		1		1		1		1	
TOTAL CLAIMS		1		1		1		1	
		8		12					
		23		28					
		81		90					